


FILE NOW: FILING FEE IS \$61.25

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Feb 17, 1999 8:00am  
Secretary of State

02-17-1999 90049 032 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718825

1. Corporation Name

BETH YOSEPH CHAIM CONGREGATION, INC.

Principal Place of Business

843 MERIDIAN AVE  
MIAMI BEACH FL 33139-5717

Mailing Address

843 MERIDIAN AVE  
MIAMI BEACH FL 33139-5717



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	07/10/1970
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1619321
24 Country	29 Country	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERMAN, ROBERT M., P.A.  
5821 HOLLYWOOD BLVD.  
SUITE 200  
HOLLYWOOD FL 33021

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ROZENCWAIG, DOW	1.2 NAME	
STREET ADDRESS	843 MERIDIAN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139-5717	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	ROZENCWAIG, ANNA	2.2 NAME	
STREET ADDRESS	843 MERIDIAN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139-5717	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	HERMAN, JUDITH	3.2 NAME	
STREET ADDRESS	843 MERIDIAN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139-5717	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	SHAPIRO, REBECCA	4.2 NAME	
STREET ADDRESS	843 MERIDIAN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139-5717	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 1/19/99 DAYTIME PHONE: 954-989-8000